



How Defense Health Assets Can Change the World

MHS Profiles
MILITARY HEALTH SYSTEM



“The Mission
in Chile was
a huge success”

Air Force Col. David Garrison and Chilean army Lt. Col. (Dr.) Guillermo Uslar shake hands March 26, 2010, in Angol, Chile. Two days earlier, U.S. government officials donated the hospital to the local Chilean medical community. (U.S. Air Force photo/ Senior Airman Tiffany Trojca)

Around the world, when disaster strikes, U.S. military medical personnel often form the tip of the spear when it comes to saving lives. This year, as Chile was rocked with a devastating earthquake, the U.S. Air Force responded with their best; airmen trained and ready for such an event.

Military Medical

Response in Chile Shows Capacity and Capability

In the aftermath of the 8.8 magnitude earthquake, authorities in Chile declared a state of emergency and submitted a request for assistance through the U.S. embassy, clearing the way for U.S. military support. The U.S. Agency for International Development's Office of U.S. Foreign Disaster Assistance, the lead federal agency for U.S. foreign assistance, requested medical support for the country.

Air Force Lt. Col. Juan Ubiera, an international health specialist, arrived in advance of the U.S. military relief. He was sent to Chile to meet with Chilean government officials to assess their most urgent medical needs.

Air Force Lt. Col. Christopher Morgan served as the deputy commander for the Air Force Health Response Team mission in Chile. He said when the earthquake erupted in February, his team was ready to go even before all diplomatic arrangements could be finalized.

Coordinated by U.S. Southern Command, the headquarters responsible for U.S. military operations in Latin America and the Caribbean, Morgan's Expeditionary Medical Support team assembled at Lackland Air Force Base in San Antonio, Texas. The team, consisting of 84 airmen, including 63 medical personnel, was specifically trained to conduct humanitarian assistance operations. Shortly after assembly, they found themselves in the Chilean city of Angol, southeast of the capital, Concepcion - an area that suffered considerable damage.



An Air Force Expeditionary Medical Support team comprised of more than 80 Airmen from 13 bases deployed to Chile from Lackland Air Force Base, Texas, Mar. 8, 2010 to aid local medical personnel following an earthquake on Feb. 27, 2010.



A regional hospital in Angol, Chile was unsafe after an earthquake Feb. 27, 2010.

When the EMEDS team arrived in country, Ubiera immediately briefed the commander on what the Chileans needed in order to ensure the team's effectiveness in the situation. One of the main problems was the severe damage to medical facilities.

"In the area where we set up, the hospital facilities were too badly damaged to use," Morgan remembered. "The buildings were very unstable and with a variety of problems, including power outages, most of the medical equipment wasn't even salvageable."

Due, in part, to the military's recent advances in portable medical technology, the EMEDS team and their facility were quickly up and running. Working alongside Chilean civilian medical personnel, the team provided surgical, primary care, pediatric, radiological, gynecological, laboratory, pharmaceutical and dental services to Chilean citizens affected by the quake.

*U.S. Air Force photo by Senior Airman
Tiffany Trojca, U.S. Air Force*




By the end of the mission, the team had built, staffed and equipped a field hospital to serve more than 110,000 people. Then, during a ceremony on March 24, U.S. government officials donated the hospital to the local Chilean medical community. Since then, Chilean and Air Force medics treated more than 300 patients and performed about 40 surgeries.

Air Force Col. Sean Murphy is the command surgeon for Pacific Air Forces and has been involved with the global health engagement initiatives like this one since about 2000. He said the mission in Chile is a prime example of U.S. military global health engagement at its best.

“The mission in Chile was a huge success,” Murphy said. “Our troops were able to fill a gap in the international response to that disaster and to enhance the country’s capabilities to continue the same level of care after we left.”



Chilean soldiers assist U.S. Airmen as they erect an expeditionary medical hospital tent in Angol, Chile, March 12, 2010. (U.S. Air Force photo by Senior Airman Tiffany Trojca, U.S. Air Force)



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Defense Health Assets Support US Global Health Initiative

Global health engagement opportunities like the relief mission in Chile are becoming increasingly important in U.S. international relationships.

At the School of Advanced International Studies in Washington, D.C. Hillary Rodham Clinton, U.S. Secretary of State recently spoke about the nation's leadership role in global health.

Chilean and U.S. pararescue Airmen jump from the back of a C-17 Globemaster III near Iquique, Chile on Oct. 29, 2008 as part of Operation Southern Partner, an exercise emphasizing partnership, cooperation and the sharing of information.

“The Obama Administration is building upon our country’s long-standing commitment to global health by bringing life-saving prevention, treatment and care to more people in more places,” Clinton said. “This is a signature of American leadership in the world today.”

Clinton went on to speak about the next chapter in America’s work in health worldwide. She said the Global Health Initiative represents a new approach, aimed at a new goal; to save the greatest possible number of lives, both by increasing our existing health programs and by building upon them to help countries develop their own capacity to improve the health of their people.

The Department of Defense plays an important role in the new GHI, and DoD personnel are often the first responders in circumstances where the military has already developed relations.

Murphy explained that the U.S. has a long history of helping other countries when needed and that military medical personnel in particular have often found themselves responding to those needs

“Medics have been engaging globally for some time; they play an important role in how the U.S. is perceived by other countries,” Murphy said.

And there is a reciprocal effect, too. Dr. Warner Anderson is director of the International Health Division, within DoD’s Office of Force Health Protection and Readiness.



Air Force Master Sgt. Joel Shepherd salutes during the U.S. national anthem at the donation ceremony of the expeditionary hospital March 24, 2010, in Ane. (U.S. Air Force photo/Senior Airman Tiffany Trojca)

The division develops U.S. Military Health System policies, tools and training programs that support DoD stability missions in combat, post-conflict, disaster and at-risk settings across the globe.

Dr. Anderson emphasized the necessity of mutual respect between the U.S. military and other nations in regards to meaningful health care development.

“In order to be effective, it is essential that we learn just as much from partner nations as we teach,” Dr. Anderson said. “It is important for us to walk away from a health engagement opportunity with a better understanding of the people and culture we are working with.”

International Health Specialists Leverage ‘Soft Power’

As a response to a world that continues to shrink as technology and information-sharing increasingly diminish the distance between neighbors, the U.S. Air Force offers a shining example of how the military is leading the way down the path of global health engagement activities.

Air Force Lt. Gen. (Dr.) Paul K. Carlton Jr. served as the Surgeon General of the Air Force prior to his retirement in December, 2002. He is also responsible for developing the Air Force’s International Health Specialist program; one which emphasizes “soft power” in the development of international relationships to deter aggression and achieve security.

Carlton said the first time he recognized the need for special attention to international health issues was in 1976 at Lackland Air Force Base, where he was a young resident.

“We had our first load of Saudi trainees come in and some of them got sick.” Carlton said that U.S. protocols for diagnoses failed because those protocols did not cover a common source of infection in some parts of the world. As it turned out, the man was suffering from an infection of the liver.

“So, it became apparent to me in 1976 that we needed to study worldwide diseases, and what we taught in our medical schools and practiced in our military was United States illness,” Carlton concluded.



Maj. Deena Sutter, 59th Medical Wing at Lackland Air Force Base, Texas, checks the heartbeat of an ill child at the EMEDS facility on March 14, 2010, in Angol, Chile. The mobile hospital augments medical services for nearly 110,000 Chileans in the region. (U.S. Air Force photo)

“ If a people’s basic needs are not being met, you have a breeding ground for violence. ”

As a result of experiences like this, alongside opportunities to see first-hand the effective use of medical engagement as an instrument of national policy, Carlton and others recognized the importance of global health education. They learned how essential it was for military medics to stay on pace with the changing military operations around the world.

“We started the international health program and the international health specialist [designation] to say ‘how we can contribute to the world is to improve their health care,’” Carlton said. “To do that we have to understand their customs, their courtesies, their languages and their diseases.”

The IHS program now has members deployed around the world, engaging in building global health partnerships, humanitarian assistance, disaster response, health care infrastructure development during wartime and building partnerships through stability operations in times of peace.

IHS members have specialized international health skills. Some fill full-time IHS positions while others assist in missions that call for their unique capabilities. International health specialists differ from other military medical personnel in that they are required to have additional international cultural knowledge.

As a requirement of the IHS program, members must learn the cultural customs, courtesies, language, politics and health threats of their area of responsibility — all in an effort to maximize the success of their mission. By understanding the people in their area of responsibility, they are able to build relationships, educate and work effectively with local medical staff and the civilian population.



U.S. Air Force photos by Senior Airman Tiffany Trojca, U.S. Air Force

“ If we can assist a nation to improve basic health care, we help them to improve the personal health security of their citizens. ”



U.S. Air Force (USAF) Captain (CAPT) James Bonson, an International Health Specialist with Headquarters U.S. Air Force Europe (USAFE) guides a Slovakian MI-17-842, left and a Lithuanian MI-6MTV 21 helicopter onto a parking ramp for a medical evacuation exercise in support of Cooperative Key 2003 in Bulgaria (U.S. Air Force photo).

Forging Long-Term Friendships

Air Force Col. Mylene T. Huynh is the current director of the IHS program. She said IHS personnel receive specialized training from both internal and external experts.

“IHS members obtain training through various formal and informal courses taught by DoD, the Department of State, USAID, the United Nations and others. We partner with numerous organizations to obtain the required training,” Huynh said.

Huynh said IHS members are constantly developing their professional skills and in return are rewarded with the results.



*U.S. Air Force photos by
Senior Airman Tiffany Trojca,
U.S. Air Force*

“It’s so much better to go out and not only do a mission, but work with host nation partners, whether they’re military health partners or civilian, with the goal when you leave that you make a longer lasting impact through teaching a skill,” Huynh said.

In addition to the satisfaction of helping those in need, the IHS program serves a strategic purpose as well.

“We invest in global health to strengthen fragile or failing states. We invest in global health to promote social and economic progress, and support the rise of capable partners who can help us solve regional and global problems. We invest in global health to protect our nation’s security. We invest in global health as a tool of public diplomacy. And we invest in global health as a clear and direct expression of our compassion,” Clinton said at the School of Advanced International Studies.

Carlton said he is not surprised to see senior leaders placing emphasis on international health programs. He did not believe that combat casualty care would be military medical personnel’s only contribution to the world.

“And so, we happen to have hit on something as we look into the future that our leaders are talking about. We are in the position to say ‘we can make your vision come through,’” Carlton said. “If you look at Maslow’s hierarchy of needs; unless you have basic water, food, sanitation and health you cannot progress to the things we think are important – women’s rights, equal liberties. That is a higher level of need. If we can fulfill that first level – good water, good food, good sanitation and health - we can move the whole world up a couple of notches so they get to where we think is important.”

Promoting Peace by Meeting Basic Health Needs

Air Force Col Joseph B. Anderson, M.D., MPH, is the director of the Global Health Division at the Uniformed Services University of the Health Sciences. He said USUHS's goal, in partnership with programs like the IHS, is to address the needs of developing countries before a crisis develops. This not only lessens the potential effects of health threats, but helps to build countries' capabilities to deal with other issues.

"We have seen that countries without adequate health care support can be very dangerous," Anderson said. "If a people's basic needs are not being met, you have a breeding ground for violence. Helping a nation provide better quality of health for their citizens also help to stabilize things like economics and politics."



Water samples show clean (right) and contaminated water (left) March 19, 2010, in Angol, Chile. (U.S. Air Force photo/Senior Airman Tiffany Trojca)



Air Force Capt. Justin Talarico checking a water source outside the expeditionary medical hospital March 18, 2010, in Angol, Chile. (U.S. Air Force photos/Senior Airman Tiffany Trojca)

Airmen and Chilean construction workers helped lay water and electrical pipes leading to the EMEDs site. (U.S. Air Force photo/Senior Airman Tiffany Trojca)

In November 2007, U.S. Defense Secretary Robert Gates said, “One of the most important lessons of the wars in Iraq and Afghanistan is that military success is not sufficient to win. Economic development, institution-building and the rule of law-providing basic services to the people, training and equipping indigenous military and police forces-along with security, are essential ingredients for long-term success.”

By improving the health care infrastructure of developing nations, the DoD promotes peace.

“If we can assist a nation to improve basic health care, we help them to improve the personal health security of their citizens. If people feel their needs are being met, they are more able to concentrate on other important matters,” Col Anderson said.



Air Force Capt. Tak Li, a pharmacist, at the expeditionary medical hospital March 16, 2010, in Angol, Chile. The hospital will serve as a temporary facility for up to three years until a new hospital can be built in Angol. (U.S. Air Force photo/Senior Airman Tiffany Trojca)

IHS Role Grows Beyond Emergency Response

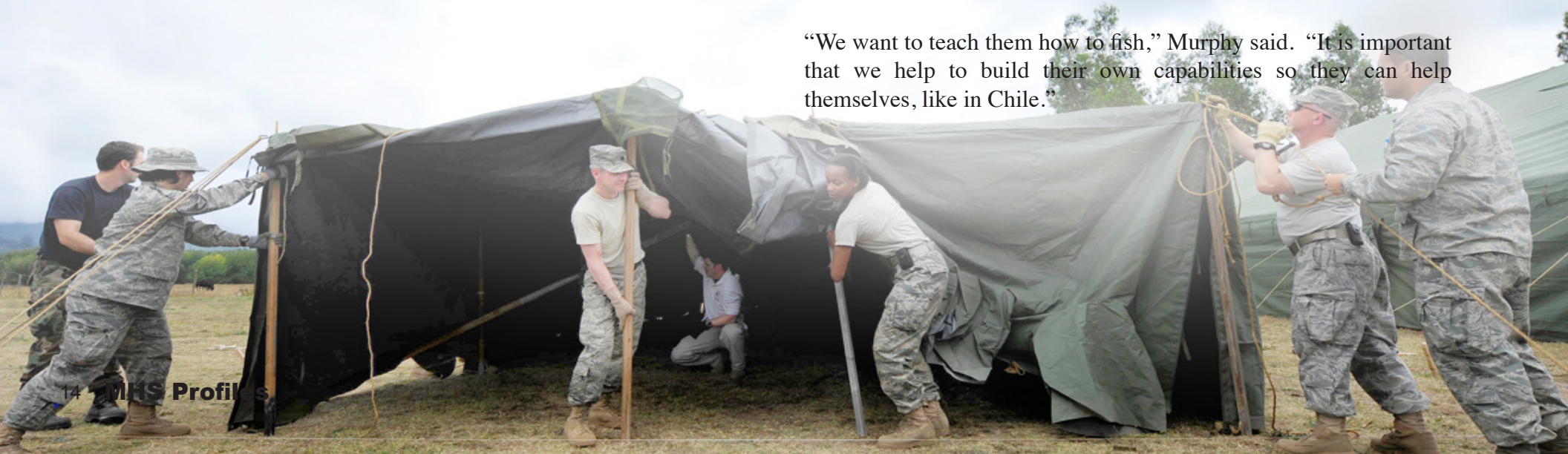
Morgan attributes a large portion of mission success in Chile to two factors: the already-existing good relationship with Chile and the specialized knowledge and assistance of Ubiera.

“Because we had already been working side-by-side with the Chilean medical staff we were able to make a smooth transition,” Morgan said. “However, it was certainly challenging to ensure that all the terminology was clear.”

Morgan said his team used their translators to make sure all the instructions for the medical equipment were translated correctly and clearly. One important reason for having IHS personnel trained in the language is that they can assist in the translation of medical terminology.

Murphy said Chile also serves as a prime example of how the IHS program not only assists partner nations in need, but enables them to continue what the U.S. has started in their country.

“We want to teach them how to fish,” Murphy said. “It is important that we help to build their own capabilities so they can help themselves, like in Chile.”





U.S. Air Force photos by Senior Airman Tiffany Trojca, U.S. Air Force

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Carlton said because of the groundwork previously laid in Chile and the cultural training of IHS personnel like Ubiera the U.S. was able to not only respond in a timely manner, but to help in a meaningful way and to assist the country in re-building their health care infrastructure.

As the IHS program continues to develop and grow Carlton sees a growing emphasis on international medical expertise.

“We, the medics, have always been the supporting group - we help others do their job, their humanitarian response job. What I see us doing is moving from a supporting to a supported group,” said Carlton. He described medical personnel now as primary engagers; “the ones that teach how to bring others up so they can move into the area where they think about democracy.”